



City of Allentown  
Human Resources  
435 Hamilton Street, Room 233  
Allentown PA 18101-1699  
610-437-7523



# APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-5 (Please print).

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

Email \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

If under 18, please print your age \_\_\_\_\_

Days/hours available to work

Position applied for (1) \_\_\_\_\_

No Pref \_\_\_\_\_ Thurs \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_

Tue \_\_\_\_\_ Sat \_\_\_\_\_

Wed \_\_\_\_\_ Sun \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, are you legally eligible to work in the US? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant will be required to provide documentation of identity and employment eligibility prior to starting employment.

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL OR PART-TIME

Date available to start? \_\_\_\_\_

Are you currently on lay-off and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	Number of Years Completed	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

## APPLICATION FOR EMPLOYMENT

DO YOU HAVE A VALID DRIVER'S LICENSE? ☐ Yes ☐ No If no, please explain \_\_\_\_\_

Do you have a means of transportation to work? \_\_\_\_\_

Driver's License

number \_\_\_\_\_ State of issue \_\_\_\_\_ ☐ Operator ☐ Commercial (CDL) A ☐ B ☐

Expiration date \_\_\_\_\_ Endorsements \_\_\_\_\_

Have you had any accidents during the past three years? Yes ☐ No ☐ How many? \_\_\_\_\_

Have you had any moving violations during the past three years? Yes ☐ No ☐ How many? \_\_\_\_\_

### OFFICE EXPERIENCE (for clerical positions only)

Typing	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	Word	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	_____ WPM	10-key	<input type="checkbox"/> No	Processing	<input type="checkbox"/> No _____ WPM
Personal	<input type="checkbox"/> Yes	PC <input type="checkbox"/>	Other	_____		
Computer	<input type="checkbox"/> No	Mac <input type="checkbox"/>	Skills	_____		

Please list three references other than relatives, previous employers, or current/former City employees.

Name \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying (special courses, trades, skills, business machines, licenses, equipment, etc.).

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Conviction will not necessarily disqualify you from employment

☐ Yes ☐ No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_

\_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ YES ☐ NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ☐ YES ☐ NO

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the past five years beginning with your most recent job held.  
If you were self-employed, give firm name. Attach additional sheets if necessary.

**Please complete this section in it's entirety even if you attach a resume.**

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone Number		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Have you ever been dismissed or asked to resign from a position? ☐ Yes ☐ No If so, explain -

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May we contact your present employer? ☐ Yes ☐ No

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**PLEASE READ VERY CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by the City of Allentown, (hereinafter called "the City"), except where collective bargaining agreements exist, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other City practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the City of Allentown, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. Both the undersigned and the City of Allentown may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the City may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the City permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the City from any liability as a result of such contact.

I understand that I must provide information needed to generate a Pennsylvania State Police Criminal Record Check and that employment is contingent on the results of said check.

I also understand that (1) the City has a drug and alcohol policy that provides for pre-employment testing for which I will pay the current fee, as well as possible testing after employment; (2) consent to and compliance with such policy is a condition of my employment; (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the City may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the City will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the City shall be probationary for a period of ninety (90) actual work days, and further that at any time during the probationary period or thereafter, my employment relation with the City is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

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The City of Allentown is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the City of Allentown depends solely on your qualifications.

Thank you for completing this application form and for your interest in employment opportunities.



## CITY OF ALLENTOWN

### EQUAL EMPLOYMENT OPPORTUNITY DATA

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The City of Allentown has a moral and legal commitment to provide equal employment opportunity and nondiscrimination in employment policies and practices on the basis of race, color, religion, sex, gender identity, sexual orientation, veterans status, political opinions or affiliations, lawful activity in any employee organization, national origin, age, disability, marital status, use of support animals because of physical disability of any individual or independent contractor, or because the user is a handler or trainer of support or guide animals. We are also required to make periodic reports based on these categories and are in violation of the law if we do not make such reports; therefore, we ask that you fill in the information requested below.

This information will not be used in any way to evaluate qualifications for employment of job performance. It will be used for statistical purposes only and will be kept in a confidential file separate from the attached application for employment.

Thank you for your help in this matter.

**Please check where applicable (see other side for explanation of categories).**

\_\_\_\_ White (Non-Hispanic)

\_\_\_\_ Asian or Pacific Islander

\_\_\_\_ Black (Non-Hispanic)

\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_ Hispanic

\_\_\_\_ Handicapped or Disabled

Sex: Male \_\_\_\_

Birthdate: \_\_\_\_\_

Female \_\_\_\_

Age: \_\_\_\_\_

Are you a Veteran? Yes \_\_\_\_ No \_\_\_\_

Are you a disabled Veteran? Yes \_\_\_\_ No \_\_\_\_

If yes, what is you VA disability rating? \_\_\_\_\_%.

There are no clear cut scientific definitions of race that can be used for these categories. For these reporting purposes, a person may be included in the group to which she or he appears to belong, identifies with, or is regarded in the community as belonging to; however, no person should check more than one race/ethnic category. General definitions are as follows:

- a. The category “White” (not of Hispanic origin): All persons having origins in any of the original people’s of Europe, North Africa, or the Middle East.
- b. The category “Black” (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- c. The category “Hispanic”: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- d. The category “Asian or Pacific Islander”: All persons having origins in any of the original peoples of the Far East, Southeast Asian, the Indian Subcontinent, or the Pacific Islands. For example, this area includes China, Japan, Korea, the Philippine Islands and Samoa.
- e. The category “American Indian or Alaskan Native”: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

The definition to be used for “Handicapped or Disabled” is:

“A person with a handicap or disability is any person who has a physical or mental impairment which substantially limits one or more of the person’s major life activities, who has a record of such impairment, or who is regarded as having such an impairment.”